

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17			+			
18			+			
19	1					
20						
21						
22						
23						
24						
25						
26	1					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	18	2	2	2	2	2
TOTAL CLAIMS	21					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				